

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>5/31/05</u>		2 Serial/Patent # <u>10/525/157</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input checked="" type="checkbox"/>	Filing <i>Small entity</i>			\$ <u>150</u>						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>150</u>						
		8 TO BE REFUNDED BY: <u>TT</u>								
		<input checked="" type="checkbox"/> Treasury Check								
		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					--			
		--								
10 REASON:										
<input checked="" type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/>	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Instrument Examiner</u>								
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext 231</u>								
OFFICE: <u>DO/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:



DEP REF
C.V. Room 807

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ATTY.'S DOCKET: SHIBUYA11

JUL -2 AM 9:30

In re Application of:) **Attn:Refund Section**
Takashi SHIBUYA et al.) Customer Service Window
) Randolph Building
) 401 Dulany Street
Appln. No.: 10/525,157) Alexandria, VA 22314
)
I.A. Filed: 04 Sept 2003) May 28, 2005
Filed: 04 March 2005)
For: VEGWTABLE CUTTING DEVICE) Confirmation No.

REQUEST FOR REFUND

U.S. Patent and Trademark Office
Customer Service Window
Randolph Building, Mail Stop
401 Dulany Street
Alexandria, VA 22314

Sir:

Applicant hereby claims small entity status. See 37 C.F.R.
\$1.27.

Pursuant to 37 C.F.R. \$1.28(a), request is hereby made for
refund of that portion of the \$300.00 fee paid in the above-identified
application on March 4, 2005, in excess of that amount which would
have been due had small entity status been claimed at the time of said
payment.

The undersigned hereby requests that the refund due in the
amount of \$150.00 be credited to our Deposit Account No. 02-4035.

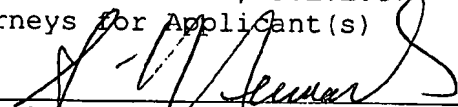
Per 37 CFR 1.26(a), a party requesting a refund may
"instruct the Office that refunds are to be credited to a deposit
account," Accordingly, undersigned hereby requests that we be
provided a refund in the amount of \$150.00 by credit to our deposit
account No. 02-4035.

Refund Ref: 07/14/2005 0030023474

Credit Card Refund Total: \$150.00

Ad Exp.: XXXXXXXXXXXX1004

Adjustment date: 07/14/2005 RWITE1
Respectfully, 07/14/2005 EDGRA 00000064 10525157
BROWDY AND NEWMARK, P.L.L.C. -300.00 OP
Attorneys for Applicant(s)

By 
Sheridan Neimark
Reg. No. 20,520
01 FC:2631

150.00 OP

SN:edg
Telephone No.: (202) 628-5197
Facsimile NO.: (202) 737-3528

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